State of Oklahoma
Oklahoma State Department of Health

Amendment of Solicitation

Date of Issuance: 04/19/2016 **Solicitation No.** 3400001414

Requisition No. _____ **Amendment No.** 01

Hour and date specified for receipt of offers is changed: x No ☐ Yes, to: _____ CST

Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

(1) Sign and return a copy of this amendment with the solicitation response being submitted; or,

(2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:
Oklahoma State Department of Health
1000 NE 10th Street Rm 309

Oklahoma City, OK 73117 - 1299
or
Personal or Common Carrier Delivery:
Oklahoma State Department of Health
1000 NE 10th Street Rm 309

Oklahoma City,OK 73117 - 1299

Patricia Bagwell
Contracting Officer

405 - 271 - 4043
Phone Number

patriciab@health.ok.gov
E-Mail Address

Description of Amendment:

a. This is to incorporate the following:

Questions and Answers:

Q1. Is Blue Sky the bidder for Thought Leaders?
Answer: We are not familiar with "Thought Leaders" so not sure what the question is. : Thought Leaders is believed to be a business name. The individual speaker should be able to provide you with their business name and tax number information, the FEI # or SSN#.

Q2. Is worker's compensation insurance necessary?
Answer: Yes and it is part of the required solicitation package.

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) Date

Authorized Representative Name (**PRINT**) Title Authorized Representative Signature